

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

1-23-04 677-09 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1			
TOTAL DEP.	2	↓	2	↓		
TOTAL CLAIMS	8	[REDACTED]	3	[REDACTED]		

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IND.	DEP.	IND.	DEP.
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96			
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98			
99			
100			
TOTAL IND.		↓	
TOTAL DEP.		↓	↓
TOTAL CLAIMS		[REDACTED]	[REDACTED]

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS